

OFFICIAL FILE

ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:

Case:

08-0464

ORIGINAL

2008 JUL 31 A 11:00

Regarding a complaint by (Person making the complaint):

WILLIAM MAULDIN SMITH

Against (Utility name):

COMMONWEALTH EDISON

As to (Reason for complaint)

BASED ON A NON-EXISTENT PAYMENT AGREEMENT
(4-9-08) CHARGES HAVE BEEN BILLED TO BOTH OF MY ACCOUNTS
741 3631032 AND 741 3630 035 AND ONE WAS SHUT OFF. THESE
CHARGES HAVE NOT BEEN EXPLAINED THROUGH INFORMAL COM-
PLAINT (200814446) AND I AM STILL BEING BILLED FOR THEM
in CHICAGO Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

2109 W. 51ST ST. CHGO. ILL. 60609

The service address that I am complaining about is

2109 W. 51ST ST. CHGO ILL

My home telephone is

(773) 925 2366

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(773) 925 2366

My e-mail address is

I will accept documents by electronic means (e-mail) ☐ Yes

☒ No

(Full name of utility company)

COMMONWEALTH EDISON

(respondent) is a public utility and is subject

to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific sections of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

220 ILCS 5/10 109, 5/8 101, 5/8 207

ILL. 83 BARCLAYS OFFICIAL ILL. ADM. RULES 2/735-200

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

I WAS DIRECTED TO

☐ Yes ☐ No

FILE A FORMAL COMPLAINT

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. The 7-21-08 BILL FOR 7413630035 \$1,731.45 INCLUDES \$1,832.88 IN "OTHER CHARGES" BASED ON NON-EXISTENT PAYMENT ARRANGEMENT
 2. The 7-10-08 BILL FOR 7413631032 \$854.99 INCLUDES \$801.03 IN "OTHER CHARGES" BASED ON NON-EXISTENT PAYMENT ARRANGEMENT
 3. AN ACCOUNTING IS NEEDED TO ASCERTAIN VALID CHARGES AND I AM ENTITLED TO ACTUAL AND PUNITIVE DAMAGES BASED ON RACIAL AND OTHER DISCRIMINATORY PRACTICES
- Please clearly state what you want the Commission to do in this case: THAT THE FACTS DEMONSTRATE RESTORE SERVICE, AWARD DAMAGES, ASCERTAIN ACTUAL AMOUNT OF BILL, WHICH I WILL PAY

NOTICE: If personal information (such as a social security number or a bank account number) is contained in this complaint form or provided later in this proceeding, you should submit both a public copy and a confidential copy of the document. Any personal information contained in the public copy should be obscured or removed from the document prior to its submission to the Chief Clerk's office. Any personal information contained in the confidential copy should remain legible. If personal information is provided in your public copy, be advised that it will be available on the internet through the Commission's e-Docket website. The confidential copy of any filing you make, however, will only be available to Commission employees. If you file both a public and confidential version of a document, clearly mark them as such.

Today's Date: 7-28-08
(Month, day, year)

Complainant's Signature: [Signature]

If an attorney will represent you, please give the attorney's name, address, telephone number, and e-mail address.

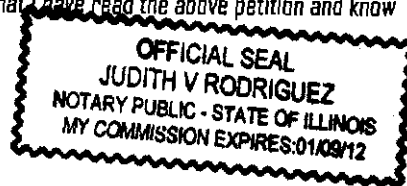
When you finish filling out this complaint form, you need to file the original with the Commission's Chief Clerk. When filing the original complaint, be sure to include one copy of the original complaint for each utility company complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

I, W. MAULDIN SMITH, Complainant, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

[Signature]
Complainant's Signature



Subscribed and sworn/affirmed to before me on (month, day, year) 07/28/08.

[Signature]
Signature, Notary Public, Illinois

(NOTARY SEAL)

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing.